

(1) PLACE OF BIRTH

County of AndersonTownship of 14or Inc. Town of 11or City of 11

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28689

Registration District No. 3.A.Registered No. 331
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel B. Lewis

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 7, 1924</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bury Lewis(9) PRESENT POSTOFFICE OF FATHER Anderson SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Greenwood SC(13) OCCUPATION Labour(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Linda Robinson(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Greenwood SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Alive at 2:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edmund J. Lewis(24) State whether Physician or Midwife (25) Address of Physician or Midwife 111 D

Given name added from a supplemental report

(26) Witness F. P. CRAYTON,
(Signature of Witness necessary when question 23 is signed by mark)(27) Filed Sept 17, 1924 (28) ANDERSON, S. C.
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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